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CONFIRMATION NO. 6778

<b>SERIAL NUMBER</b> 10/613,150	<b>FILING OR 371(c) DATE</b> 07/07/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> H310816USCOM	
<b>APPLICANTS</b> Stephen Flynn, Oakville, CANADA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/395,309 07/12/2002 ✓ <i>ASL 1/3/07</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE ASL 1/3/07</i> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>** SMALL ENTITY **</b> <b>GRANTED ** 10/02/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Amadeus Yoz</i> <i>ASL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> <del>3</del> 2	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 28079 AIR MAIL					
<b>TITLE</b> Manually-operable resuscitators					
<b>FILING FEE RECEIVED</b> 440	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		